

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038549

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 3072
FILED OCT 8 1963

Primary Registration District No. 3072 Registrar's No. 161

| | | | |
|---|---|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall | | Length of stay in 1b 2 days | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last BERNICE PARRICK | | 4. DATE OF DEATH Month Day Year 9 29 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-2-1895 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (City and state or country) Hickory, Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Edgar Edde | | 13b. MOTHER'S MAIDEN NAME Dona Green | |
| 14. NAME OF HUSBAND OR WIFE Jasper W. Parrick | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. X | | 17. INFORMANT Address Jasper W. Parrack Malta Bend, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart condition, unknown origin Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Second malignant tumor, adenocarcinoma of the lung PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH 4 months | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Sept 28, 1963 to Oct 29, 1963 and last saw her alive on Sept 29, 1963 Death occurred at 6:10 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Marvin E. Risher M.D. (Degree or title) | | 22b. ADDRESS Marshall, Missouri | |
| 22c. DATE SIGNED 9-30-63 (State) | | 23. NAME OF CEMETERY OR CREMATORY Olive Point Cemetery | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10-1-1963 | 23c. LOCATION (City, town, or county) Hickory Co. Mo. | |
| 24. FUNERAL DIRECTOR Jack W. Reser ADDRESS Marshall, Mo. | | 25. DATE RECD. BY LOCAL REG. 9-30-63 | |
| 26. REGISTRAR'S SIGNATURE Carl A. Read | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1963 OCT 9 6 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack M. Reese

Licensed Embalmer No. 4643

P. O. Address

Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.